REPORT OF CONTRACT PERFORMANCE OUTSIDE THE UNITED STATES

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The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0229). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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RETURN COMPLETED FORM TO: DEPUTY DIRECTOR OF DEFENSE PROCUREMENT (FOREIGN CONTRACTING), OUSD(A&T)DP(FC),

WAS UNKNOWN BY 20201 2020

WASHINGTON, DC 20301-3060					
	RACT NUMBER (Use s nitted with offer)	olicitation number when	1.b. PURCHASE ORDE	ER NUMBER (If applicable)	
2. PROGRAM IDENTIFICATION (e.g., F-16 aircraft, F-100 engine, AN/APN-59 radar, or type of services) (Please avoid use of acronyms.)					
3. NAME AND DIV	/ISION OF PRIME COM	ITRACTOR			
4. ADDRESS OF F	RIME CONTRACTOR	(Street, City, State, and 9-digit	ZIP Code)		
5. NAME OF SUBCONTRACTOR OR FOREIGN DIVISION OF PRIME CONTRACTOR (If subcontractor, identify whether first- or second-tier)					
FIRST-TIER	FIRST-TIER SUBCONTRACTOR SECOND-TIER SUBCONTRACTOR				
6. ADDRESS OF S	UBCONTRACTOR OR	FOREIGN DIVISION OF PRIME	CONTRACTOR (Street,	City, State, 9-digit ZIP Code, and Country)	
				COUNTRY OF ORIGIN (Enter city and country of actual producer of supplies or firm providing services)	
9. DESCRIPTION OF SUPPLIES OR SERVICES OBTAINED OUTSIDE THE UNITED STATES (e.g., vertical stabilizer, F-15; Bomb Nav System, FB-111; or repair of F-16 wings) (Please avoid use of acronyms.)					
10. NAME OF CON on second-tier		REPORT (Prime contractor for re	eports on first-tier subco	ontracts or first-tier subcontractor for reports	
11. NAME OF SUBMITTER (LAST, First, Middle Initial)				12. TELEPHONE NUMBER (Include Area Code)	
13. SIGNATURE				14. DATE (YYYYMMDD)	